



URBAN FOREST CONSERVATION GRANT APPLICATION

Department of Natural Resources / Division of Forestry

State Form 50305 (R2 / 7 - 03)

APPLICANT

(AGENCY OR ORGANIZATION)

PROJECT
SUPERVISOR/CONTACT
PERSON

*NAME OF APPLICANT OFFICIAL

TITLE

ADDRESS

ADDRESS

FEDERAL I. D. #

COMMUNITY
POPULATION

PHONE NUMBER

FAX NUMBER

ACRES OF
PUBLIC PARKS

STREET MILES
IN COMMUNITY

E-MAIL ADDRESS

U.S. CONGRESSIONAL
DISTRICT #

COUNTY

PLEASE NOTE: Grant projects MUST HAVE 2 PEOPLE PLUS THE CONTACT PERSON ASSISTING WITH THE PROJECT. THIS IS TO INSURE THAT IF ONE PERSON LEAVES, THE OTHER TWO CAN CARRY ON WITH THE PROJECT.

Name of Grant Assistants:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

Phone: _____ FAX _____

Phone: _____ FAX _____

E-mail: _____

E-mail _____

Qualifications: _____

LOCATION OF PROJECT:

PROPOSED STARTING DATE: _____

PROPOSED COMPLETION DATE: _____

TOTAL GRANT AMOUNT REQUESTED: \$ _____

TOTAL APPLICANT MATCH: \$ _____

DESCRIPTION OF PROJECT & FINAL ACCOMPLISHMENTS: Give a brief description of your project. List the specific product of this funding by which the success of your project can be measured (i.e. will produce a written tree inventory, will conduct a six hour training session for 10 city employees, will produce 5000 copies of a four page educational brochure, etc.).

BUDGET SUMMARY

<u>EXPENDITURE CATEGORIES</u>	<u>GRANT MONEY</u>	<u>CASH MATCH</u>	<u>IN-KIND DONATED MATCH</u>	<u>TOTAL</u>
<u>Personnel</u>				
<u>Contractual</u>				
<u>Supplies</u>				
<u>Equipment</u>				
<u>Education</u>				
<u>Tree planting</u>				
<u>Other</u>				
<u>TOTAL</u>				

OF TREES WHICH WILL BE PLANTED AS A PART OF THIS PROJECT (by caliper):

SEEDLINGS (under 2") ____ 2" - 12" ____ ABOVE 12 "

ESTIMATE # OF TREES WHICH WILL BE PLANTED AS INDIRECT RESULT OF PROJECT:

SEEDLINGS (under 2") ____ 2" - 12" ____ ABOVE 12 "

ESTIMATE OF THE NUMBER OF EXISTING TREES WHICH WILL BE PROTECTED OR MAINTAINED AS AN INDIRECT RESULT OF THIS PROJECT:

To the best of my knowledge, the information supplied in this application and in the attachments is complete and correct. The governing body of the applicant duly authorizes the document.

*Signature of Applicant Official

Name (please print)

Title

Date

* This official should be the Mayor, Town Board official or agency director for a municipality. The Board President or Director should sign in the case of a not-for-profit organization.

*Mail application to: IDNR, Community & Urban Forestry
ATTN: CUF Coordinator
6515 E. 82nd Street-Suite 204, Indianapolis, IN 46250*